PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. David A. Lampman First Inventor Breast Biopsy and Therapy System for Magnetic Resonance Imagers

(Only for new nonprovisiona	l applications under 37 CFR 1.53(b))	E	xpress f	Mail Label No	<u> </u>			
APPLICAT	ION ELEMENTS		ADDF	RESS TO:	Box Pa	tent App	licatio	
See MPEP chapter 600 conce	ming utility patent application content	s.				ngton, DO		
	m (e.g., PTO/SB/17) plicate for fee processing)		7	CD-ROM or CI Computer Prog otide and/or Am	ıram (Ar	pendix)		l
2. X Applicant claims sin	em entry states.		o. Nucle	plicable, all nece	ssarv)	Ocque		
3. X Specification (preferred arrangement s	[Total Pages 16]		a. [Computer Re		Form (CF	₹F)	Ì
- Descriptive title o	f the invention		b. S	pecification Sequ	ence Lis	sting on:		
- Cross Reference	to Related Applications ding Fed sponsored R & D			i. CD-R	OM or C	D-R (2 c	opies)); or
 Reference to sed 	uence listing, a table,			ii. paper	•			
or a computer pr	ogram listing appendix		с. Г	Statements	verifying	identity of	of abo	ve copies
 Background of the Brief Summary of the	ne invention			CCOMPANY				
- Brief Description	of the Drawings (if filed)		A					
- Detailed Descrip			9	Assignment F	apers (d	cover she	eet & c	
- Claim(s) - Abstract of the D	Disclosure		37 CFR 3.73(b) Statement Power of Attorney					
4 X Drawing(s) (35 U.	S.C. 113) Total Sheets 5	1	11 English Translation Document (if applicable)					
5. Oath or Declaration	[Total Pages	1	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449					
a X Newly execu	ted (original or copy)	, -	13. Preliminary Amendment					
Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed)		14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
DELETION OF INVENTOR(S)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
Signed stat	ement attached deleting inventor(s) ne prior application, see 37 CFR		Request and Certification under 35 U.S.C. 122					
1.63(d)(2) and 1.33(b).		(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. Application Data Sheet. See 37 CFR 1.76			17. Other:					
TO A STATE OF THE PARTY OF THE	DATION about appropriate here and	cuppli	v the requi	isite information	below ar	nd in a pi	relimin	ary amendment,
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:								
1 — —	Divisional Continuation-in-part (CIP)	n	f prior application No.	:	1		
Continuation		· ,		Group Art Unit:				
Prior application information:	Examiner ONAL APPS only: The entire disclosure	of the	ndor anni	cation from whic	h an oath	or decia	ration	is supplied under
	ONAL APPS only: The entire disclosure the disclosure of the accompanying corelied upon when a portion has been in							ated by reference.
The incorporation can only be	19. CORRESPO	ONDE	NCE ADD	RESS				
				XXXX		_		t day on the law.
Customer Number or Bar Co	nde Label (Misert Gustomer No. br. At.	et ter	code label (la	us) or (X]	Correspond	lence ad	Idress below
Name	David A. Lampman							
	Image Guided Instruments							
Address	1413 Golden Gate Blvd, Suite 275							
City	Mayfield Hts		State	Ohio		ZIP C		44124
Country	USA	Tele	phone	440-446-127	5	Fa	X	440-446-1516
Name (Print/Type)	David A. Lampman	1	Regi	istration No. (A	ttorney	Agent)		
Signature	David A. L	2	sm	<u> </u>		Date	ŀγ	/1/2001)

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FEE TRANSMITTAL		Application Number					
s EV	2004	Filing Date					
for FY 2001		First Named Inventor					
Patent fees are subject to annual revision.		Examiner Name					
ratent loos die subject	, annour ()	Group Art Unit					
TOTAL AMOUNT OF PAYMENT	(\$) 427.00	Attorney Docket No.					

METHOD OF PAYMENT		FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADD	ITION	L FE	ES			
indicated fees and credit any overpayments to:		arge	Sma				
Deposit Account		ntity ee Fee	Entit Fee	y Fee Description	Fee Paid		
Number	Fee Fe Code (\$			ree Description			
Deposit Account	105 13	0 205	65	Surcharge - late filing fee or oath			
Name Charge Any Additional Fee Required	127 5	0 227	25	Surcharge - late provisional filing fee or cover sheet			
Under 37 CFR 1.16 and 1.17	139 13	0 139	130	Non-English specification			
Applicant claims small entity status. See 37 CFR 1.27	147 2.52		2,520	For filing a request for ex parte reexamination			
2. X Payment Enclosed:	112 92		920*	Requesting publication of SIR prior to			
Cheek C Conditioned Money Cuther	l ''* <i>"</i>			Examiner action			
FEE CALCULATION	113 1,84	40° 113	1,840	Requesting publication of SIR after Examiner action			
	115 11	0 215	55	Extension for reply within first month			
1. BASIC FILING FEE	116 39	90 216	195	Extension for reply within second month			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Rold	117 89	90 217	445	Extension for reply within third month			
Code (\$) Code (\$)	118 1,3	90 218	695	Extension for reply within fourth month	 		
101 710 201 355 Utility filing fee 355.00	128 1.8	90 228	945	Extension for reply within fifth month			
106 320 206 160 Design filing fee	119 31	10 219	155	Notice of Appeal			
107 490 207 245 Plant filing fee	120 31	10 220	155	Filing a brief in support of an appeal			
108 710 208 355 Reissue filing fee	121 27	70 221	135	Request for oral hearing			
	138 1,5	10 138	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 355.00	140 11	10 240	55	Petition to revive - unavoidable	 		
2. EXTRA CLAIM FEES	141 1,2	240 241	620	Petition to revive - unintentional	 		
Fee from Extra Claims below Fee Paid	142 1,2	40 242	620	Utility issue fee (or reissue)	 		
Total Claims 28 -20** = 8 x 9 = 72.00	143 44	40 243	220	Design issue fee			
Independent 2 - 3** = 0 x ===============================	144 60	00 244	300	Plant issue fee			
Multiple Dependent	122 1	30 122	130	Petitions to the Commissioner			
	123	50 123	50	Processing fee under 37 CFR 1.17(q)	 		
Large Entity Small Entity Fee Fee Fee Fee Description	126 1	80 126	180	Submission of Information Disclosure Stmt			
Code (\$) Code (\$)	581	40 581	40	Recording each patent assignment per property (times number of properties)			
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3	146 7	10 246	355	Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	1			(37 ČFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 7	10 249	355	For each additional invention to be examined (37 CFR § 1.129(b))	ļ		
	179 7	10 279	355	Request for Continued Examination (RCE)			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 9	900 169	900	Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 72.00	Other fe	ee (speci	ý)		0		
*for number previously paid, if greater, For Reissues, see above	*Reduc	ed by Ba	sic Filir	ng Fee Paid SUBTOTAL (3) (\$)	<u> </u>		

SUBMITTED BY		Complete (il applicable)	Complete (if applicable)			
Name (PrintlType)	David A. Lampman	Telephone 440-446-12	75			
Signature	David A. Lampman	Date 5/1/2001				

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